



CHANGING
Maryland
FOR THE **BETTER**

Commission to Study **Mental and
Behavioral Health** in Maryland

2020

REPORT

Lt. Governor Boyd K. Rutherford, Chair

2020 REPORT

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December 31, 2020

Dear Governor Hogan:

The onset of the COVID-19 pandemic has had a profound impact on the lives of Marylanders, particularly those struggling with mental and behavioral health disorders. Health and financial uncertainties brought on by the pandemic, combined with increased social isolation have escalated stressors on everyone's mental health. The work being undertaken by the Commission to Study Mental and Behavioral Health is needed now more than ever.



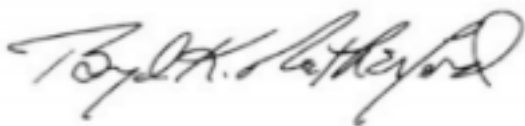
Your leadership of our state's COVID-19 response has made Maryland a model for the nation. Through your actions, particularly with telehealth, our state has lifted barriers to mental and behavioral health services that under normal circumstances would have prevented our friends and neighbors from accessing the treatment they need. The pandemic forced state government to adapt and think creatively about operations and service delivery, and it has created opportunities for the Commission to similarly address barriers to the delivery of mental and behavioral health services.

To that end, while COVID-19 temporarily interrupted our efforts it did not deter the Commission's work. The Commission continued to build on our work from last year, focusing on the eight recommendations from the 2019 report. These included: highlighting the links between mental health and substance use disorders, designing a comprehensive crisis system, standardizing training and educational programming surrounding mental and behavioral health as well as improving access to vital information.

The Commission held six meetings throughout 2020, five of them virtual. Meetings included presentations on federal assistance through the CARES Act, the Maryland Department of Aging's enhanced pandemic programming, a briefing on the Governor's Challenge to Prevent Service Member, Veteran and Families (SMVF) Suicide/Ask the Question Campaign, and a briefing on the groundbreaking 2020 Milliman Report on the costs of mental health and substance abuse. The Commission also facilitated a two-day state summit and workshop on the Strategic Intercept Model (SIM) to strengthen our efforts to reduce interactions between citizens suffering from mental illness and the justice system.

Enclosed is our 2020 Report, which outlines the progress we have made in actualizing our previous recommendations, further steps we need to take, and ten additional recommendations. Thank you for your continued leadership and support. The Commission looks forward to continuing this critical work in the new year.

Sincerely,

A handwritten signature in black ink, which appears to read "Boyd K. Rutherford". The signature is written in a cursive, flowing style.

Boyd K. Rutherford
Lieutenant Governor
Chair, Commission to Study Mental and Behavioral Health in Maryland

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BACKGROUND

Throughout its first term in office, the Hogan–Rutherford Administration prioritized efforts to address Maryland’s significant but previously overlooked heroin and opioid epidemic. Since January of 2015, the Administration has pursued a holistic, comprehensive response to this public health emergency through a multi-pronged approach encompassing education and prevention, treatment and recovery, and law enforcement efforts. Just one month into office, Governor Larry Hogan issued Executive Order 01.01.2015.12, formally creating the Maryland Heroin and Opioid Emergency Task Force. The governor tasked Lt. Governor Boyd Rutherford with leading the task force. Over the course of the next four years, the lieutenant governor would lead the administration’s ongoing efforts to combat the epidemic. The Administration has since taken numerous steps to invest critical funding, improve collaboration and communication among government agencies at the local, state, and federal levels, raise public awareness of the issue, and break down the stigma surrounding the disease of addiction. Such efforts include but are not limited to the creation of the Opioid Operational Command Center and the Inter-Agency Heroin and Opioid Coordinating Council, as well as numerous pieces of legislation and the issuance of an official State of Emergency. It has been through this work that Lt. Governor Rutherford recognized the vital need for the state’s approach to expand further and explore the mental and behavioral health needs of the citizens of Maryland, particularly those suffering from substance use disorder. Just as there is a stigma attached to substance use disorder, issues related to mental and behavioral health are equally stigmatized, if not more so. Additionally, it is widely accepted by advocates and medical professionals on both sides that there is a strong correlation between and often co-occurrence of mental health and substance use disorders. To that end, it was decided that the state should further study the relationship between mental health and substance use disorders, as well as identify potential ways to improve our mental health services delivery system. On January 10, 2019, Governor Hogan issued Executive Order 01.01.2019.02, formally creating the Commission to Study Mental and Behavioral Health in Maryland (Commission).

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INTRODUCTION

Over the past year, due to the COVID-19 pandemic the Commission conducted one regional meeting in Howard County on February 19, and five virtual meetings to engage the public and mental health community and gather feedback as it relates to mental and behavioral health, substance use, and delivery of care. The Commission has learned that across the country, there has been a historical separated diagnosis and treatment of mental illness from physical illness. This has unintentionally caused two separate and not always equal systems of care. This not only affects the quality of treatment for individuals but raises the cost of care for all individuals. It is more critical than ever to take a serious look at how the state provides care and services to individuals and their families. In addition to a higher likelihood of substance use disorder, individuals with undiagnosed mental health disorders are more likely to experience homelessness, joblessness, negative interactions with the judicial system, and become victims of crime and/or suicide.

Pursuant to the Executive Order, the Commission is required to submit recommendations to Governor Hogan for policy, regulations, and/or legislation to improve the continuum of mental health services, as well as, but not limited to, the following: (1) improving the statewide, comprehensive crisis response system; and (2) ensuring parity of resources to meet mental health needs. In light of the ongoing pandemic the Commission plans to continue holding virtual public meetings until it is safe to return to in-person meetings. We have heard testimony from persons suffering from disorders, family members and caregivers, educators, faith leaders, researchers, elected officials, law enforcement agencies, treatment professionals, advocates, and other stakeholders. This 2020 report reflects the Commission's work over the past year, the work of individual subcommittees, and updates on implementing 2019 recommendations, and additional recommendations moving forward.

Virtual Meetings

June 23, 2020 Virtual Meeting [Livestream](#)

August 25, 2020 Virtual Meeting [Livestream](#)

October 6, 2020 Virtual Meeting [Livestream](#)

November 5, 2020 Virtual Meeting [Livestream](#)

December 8, 2020 Virtual Meeting [Livestream](#)

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Commission members include:

- Lieutenant Governor Boyd K. Rutherford, Chair
- Senator Adelaide Eckardt, District 37, Caroline, Dorchester, Talbot, and Wicomico Counties
- Senator Katie Fry Hester, District 9, Carroll and Howard Counties
- Delegate Karen Lewis Young, District 3A, Frederick County
- Delegate Arianna Kelly, District 16 Montgomery County
- Richard Abbott, Representative of the Chief Judge of the Court of Appeals
- Dennis Schrader, Acting Secretary, Maryland Department of Health
- Dr. Aliya Jones Deputy Secretary Behavioral Health Administration
- Lieutenant Colonel Roland Butler, Maryland State Police
- Dr. Lynda Bonieskie, Department of Public Safety and Correctional Services
- Tiffany Rexrode, Acting Assistant Deputy Secretary Department of Human Services
- Kathleen Biranne, Commissioner, Maryland Insurance Administration
- Steve Schuh, Director, Maryland Opioid Operational Command Center
- Christian Miele, Deputy Secretary, Department of Disabilities
- Mary Gable, Maryland State Department of Education
- Barbara Allen, Public Member
- Patricia Miedusiewski, Public Member
- Dr. Bhaskara Rao Tripuraneni, Public Member
- Cari Cho, Public Member
- Serina Eckwood, Public Member
- Kimberlee Watts, Public Member

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SUBCOMMITTEES

Based on the areas of concern that have been raised through the Administration's tenure and feedback from stakeholders, the Commission has created four subcommittees: (1) Youth & Families; (2) Crisis Services; (3) Finance & Funding; and (4) Public Safety/Judicial System. These four subcommittees are focusing on the basic fundamental and policy issues facing each of these subject areas. Each subcommittee is chaired by one or two members of the Commission who solicited the participation of stakeholders interested in each subject area. The following section details the initial focus areas of each subcommittee and the progress thus far.

1. Youth and Families

Co-chairs: Christian Miele, Deputy Secretary Department of Human Services and Tiffany Rexrode, Acting Assistant Deputy Secretary Department of Human Services

Overview

The Youth and Families subcommittee was created because 1 in 5 children ages 13-18 have, or will have a serious mental illness (NAMI, 2016), suicide is the second leading cause of death among adolescents aged 15-19 (CDC, 2017), and with an increase in school shootings over the past few years youth and adolescent behavioral health needs to be a priority.

Focus Area

The Youth and Families subcommittee was charged to look at K-12 education and identify best practices for behavioral and mental health initiatives and research services and supports to help caregivers of adult children with mental or behavioral health conditions.

Organizing Efforts

While 2020 has presented many challenges our subcommittee continued to meet and held five meetings throughout the year. Presentations on post-acute placement from Jinlene Chan and Uma Ahluwalia, Social Emotional Learning during COVID from John McGinnis and Lynne Muller from the Maryland State Department of Education helped enrich our meeting discussions. Much of our work this year has been focused on new and existing issues exacerbated by the pandemic. To ensure better focus, our subcommittee created workgroups on specific areas of concern including: Youth and Adolescent

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Substance Use Disorder Services, Licensure and Reciprocity, and the Involuntary Commitment Statute. While these issues came up as priorities our subcommittee continues to seek solutions to ensure that schools are equipped to meet the behavioral health needs of students by having the appropriate staff on site and that we are meeting the national ratio for student-to-school psychologists. We continue to look to our sister states to see what best practices are available. We intend to focus time and energy in 2021 on reviewing services for transition-aged youth and caregiver supports and services. The subcommittee will in collaboration with the full Commission, ascertain how many of Maryland's professional boards are interested in pursuing interstate compacts with counterparts in neighboring states.

In August of 2020, a new co-chair joined the subcommittee. Tiffany Rexrode is currently the Acting Assistant Deputy Secretary for Programs for the Department of Human Services. Tiffany is a licensed clinical social worker and has worked in public child welfare for 20 years. In addition to adding a new co-chair, the subcommittee made many changes and adjustments as a result of the pandemic.

Commission Members: Delegate Ariana Kelly, District 16; Barbara Allen, James Place Inc.; Dr. Bhaskara Tripuraneni, Child/Adolescent Psychiatrists- Kaiser Permanente.

Participants: Teresa Heath, Maryland Emergency Management Administration; Bari Klein, Health Harford, Inc.; Dawn Luedtke, Maryland Center for School Safety; Ivania Morales, NAMI Prince George's County; Kirsten Robb-McGrath, Department of Disabilities; Ann Geddes, Maryland Coalition of Families; Dan Martin, Mental Health Association of Maryland; Lauren Grimes, Community Behavioral Health Association of Maryland; Toni Torsch, Daniel C. Torsch Foundation; Courtney Oatts-Hatcher, School Psychologist; Christina Connolly, School Psychologist; Robert Anderson, Department of Juvenile Services; Dr. Beverly Sargent, Youth Service Bureau; Allyson Lawson, Psychiatric Nurse; Liz Park, Youth Service Bureau; Dr. Jackie Stone, Kennedy Krieger Institute; Christine Grace, School Psychologist; Nancy Lever, National Center for School Mental Health; Laura Mueller, WIN Family Services; Jenn Lynn, Upcounty Community Resources; Rowan Powell, On Our Own of Maryland; Ann Ceikot, Policy Partners.

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2. Crisis Services

Chair: Steve Schuh, Executive Director, Maryland Opioid Operational Command Center (OCCC)

Overview

The Commission to Study Mental and Behavioral Health in Maryland continually evaluates the state's behavioral health delivery system with the goal of better understanding the relationship between mental health and substance use disorders. A critical component of the state's behavioral health system is the continuum of services available to individuals experiencing a mental health or substance use emergency. This continuum is often referred to as simply "crisis services." Crisis services aim to stabilize individuals in distress so that they can be referred safely to treatment that will address the underlying causes of their crisis.

The availability of crisis services in Maryland varies greatly by jurisdiction, and there is a clear gulf between crisis services available for individuals who have a primary psychiatric diagnosis, and those available to individuals with conditions related to substance misuse.

The Crisis Services Subcommittee will study how the statewide crisis system operates in order to identify opportunities for creating a more comprehensive system of care.

Focus Areas

The Crisis Services subcommittee continued to study the components of a comprehensive crisis response system, including the benefits of Assertive Community Treatment (ACT) teams and tools to measure fidelity to the delivery of ACT services.

The Crisis Services subcommittee received regular updates from the Behavioral Health Administration (BHA) on the development of the Crisis System Advisory Council and will partner with the BHA as they form the Council. The Council will identify evidence-based crisis services that can be expanded across the state to form a comprehensive crisis system. Representatives from the Subcommittee will participate in the Council to provide subject-matter expertise and to assist BHA in determining which crisis services to prioritize.

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Additionally, members of the Subcommittee will learn about crisis services standards, including forensic assertive community treatment (FACT) teams, to advise BHA as it develops a crisis services expansion plan.

Organizing Efforts

The subcommittee includes representatives from agencies and organizations with expertise in substance use disorder and mental health crisis services. A current roster is attached. The Subcommittee met four times in 2020, beginning in June. Its members plan to continue meeting on the first Wednesday of every other month beginning in January 2021.

Commission Members: Delegate Karen Lewis-Young, Patricia Miedusiewski, Family Advocate; Serina Eckwood, NAMI.

Participants: Howard Ashkin, Maryland Association of the Treatment of Opioid Dependence; Nancy Rosen-Cohen, National Council on Alcoholism and Drug Dependence; Dan Martin, Mental Health Association of Maryland; Lori Doyle, Community Behavioral Health Association of Maryland; Erin Dorrien, Maryland Hospital Association; Harsh Trividi, Sheppard Pratt Health System; Frederic Chateau, Affiliated Sante Group; Marian Bland, MDH Behavioral Health Administration; Darren McGregor, MDH Behavioral Health Administration.

3. **Finance and Funding**

Co-chairs: Kathleen Birrane, Commissioner, Maryland Insurance Administration (MIA) and Dennis Schrader, Acting Secretary, Maryland Department of Health (MDH)

Overview

In order to fulfill its mission as it relates to health insurance in both the public and private markets, the Finance and Funding Subcommittee is tasked with assessing how finance and funding in the public and private sectors affect access to behavioral health services. The focus areas of the Subcommittee run parallel with the efforts of MDH's System of Care Workgroup. Maryland's public behavioral health system provides mental health services to over 200,000 individuals and substance use services to over 100,000 individuals annually, the majority of which are covered by Medicaid. Further, Medicaid insures over 20 percent of the State's population. Given the substantial role of both the public behavioral health system and the commercial insurance market in delivering and financing behavioral health services

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within the State, the Subcommittee's focus areas will make an important contribution to the Commission's work.

Focus Areas

Public Mental and Behavioral Health: Assess and develop quality outcome principles. Two bills were introduced during the 2019 session HB846/SB482 and HB938/SB0975 that sought to change the delivery and financing of Medicaid behavioral health services. The legislative committees asked the The Maryland Department of Health to convene a System of Care Workgroup to examine and make recommendations on how the State should provide, administer, and finance behavioral health services in conjunction with the Total Cost of Care Model. The subcommittee has worked in conjunction with the System of Care Workgroup and corresponding stakeholder discussion groups early on in 2020, incorporating subcommittee perspectives into this process. The Workgroup developed a set of design principles that address alignment of Medicaid/ the Behavioral Health Administration, managed care organizations, the administrative service organization, and local system managers and began working on policy options. The workgroup began discussing implementation options in the winter of 2020, but meetings were placed on hold as staff resources were devoted to the pandemic. Workgroup discussions are beginning to pick back up again and are anticipated to continue into 2021.

Private Mental and Behavioral Health: Review the network adequacy of private insurance and coverage for substance use disorder treatment. The MIA has completed an in-depth analysis of the 2019 network adequacy reports for mental health and substance use disorder services, which revealed deficiencies in network compliance with regulatory standards, as well as limitations of the current regulatory framework that hindered the ability to draw firm conclusions. These issues guided the MIA's strategy for revision of the current network adequacy regulations. A draft version of revised regulations was posted to the MIA website on November 4, 2020. The MIA plans to adopt final regulations in early 2021, which will improve evaluation and enforcement of the standards required for the annual network adequacy reports. Additionally, the Maryland General Assembly passed House Bill 455/Senate Bill 334 during the 2020 legislative session, establishing a new carrier reporting requirement for nonquantitative treatment limitations that are applied to mental health and substance use disorder benefits. Carrier reimbursement rates are a type of nonquantitative treatment limitation, and further study is necessary to determine if inadequate provider reimbursement is a cause of network deficiencies for mental health and substance use disorder services. The MIA has convened a workgroup of impacted stakeholders, which will meet throughout 2021 to determine how to implement the requirements of House Bill 455/Senate Bill 334 in the most efficient and effective manner.

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Organizing Efforts

The Finance and Funding Subcommittee held five meetings in 2020 to receive input on focus areas from its members and participants. In addition to the work of the Finance and Funding subcommittee, MDH has been working concurrently on its Behavioral Health System of Care Workgroup and has been coordinating with the subcommittee. The MIA's Network Adequacy Workgroup has worked diligently throughout the year. Their efforts have been coordinated with the subcommittee.

Commission Members: Senator Adelaide Eckardt, District 37; Cari Cho, Cornerstone Montgomery

Participants: Nick Albaugh, Maryland Insurance Administration, Amatus Health; Dr. Robert Ciaverelli, CareFirst; Isaiah Coles, Outreach Recovery; David Stup, Delphi Behavioral Health Group; Mark Luckner, Maryland Community Health Resources Commission; Patryce Toye, MedStar Health Plans; Dr. Jill RachBeisel, University of Maryland School of Medicine, Patricia Miedusiewski.

4. Public Safety and The Judicial System

Co-chairs: Senator Katie Fry-Hester, District 9, Lynda Bonieskie, Deputy Chief of Mental Health, Maryland Department of Public Safety and Correctional Services

Overview

The public safety sector plays a significant role in the realm of mental and behavioral health for citizens of Maryland. In order to fulfill its mission as it is related to public safety and the judicial system, the Public Safety/Judicial System Subcommittee is tasked with assessing how emergency responders interact with individuals in crisis and how the judicial system affects access to behavioral health services.

Focus Areas

This year the Public Safety/Judicial System subcommittee focused on following up on the identified goals from 2019. This included examining Sequential Intercept Model (SIM) implementation across the state of Maryland and identifying gaps. The subcommittee met with Policy Research Associates (PRA) who presented the SIM model at one of the subcommittee meetings. The subcommittee reviewed the SIM implementation in Michigan and Massachusetts. The subcommittee approached the Substance Abuse and Mental Health Services Administration (SAMHSA) for additional technical assistance to the State of Maryland to conduct a State Summit and support a train-the-trainer workshop following the summit. The three goals of the summit were to: facilitate discussions to identify resources, gaps and opportunities

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at each intercept; hold county workgroups to identify local opportunities and to strengthen existing efforts; and compile the recommendations from the discussions and workgroups to outline concrete next steps for the state.

The summit occurred over two days, November 17th and 18th. The first day had panels discussing the different intercepts, which was attended by more than 200 participants from various state agencies, county departments, law enforcement, advocacy groups, and community members. The second day of the summit invited 70 stakeholders to be part of three workgroups that addressed the different intercepts and to identify gaps in the current system.

The subcommittee also invited speakers to discuss Assisted Outpatient Treatment (AOT). AOT provides outpatient treatment to seriously mentally ill adults under court order. This program implemented in many other states reduces repeated hospitalizations, incarceration and homelessness associated with this population. Maryland is currently one of three states with no AOT civil commitment¹ program. There is currently a pilot program of Outpatient Civil Commitment in Baltimore. They were invited to present their current findings and barriers of implementing this program at the October 20th subcommittee meeting.

Organizing Efforts:

The Public Safety/Judicial System subcommittee met four times this year. The focus of the subcommittee was to move forward on implementing a statewide summit on Sequential Intercept Model (SIM). The two-day summit produced four recommendations from the Public Safety/Judicial subcommittee. The presentation by Behavioral Health System Baltimore on Outpatient Civil Commitment Pilot program demonstrated the need for more policy and funding to expand the current program.

Commission Members: Richard Abbott; Lt. Colonel Roland Butler and Kimberlee Watts

Participants: Katie Dilley, Mid Shore Behavioral Health, Inc; Akima Cooper, Mid Shore Behavioral Health Inc.; Belinda Frankel, Mid Shore Behavioral Health Inc; Amanda Owens, Abell Foundation; Chan Noether, Policy Research Associates; Dan Martin, Mental Health Association of Maryland; Darren McGregor, Behavioral Health Administration; Dr. Debra Pinals, Michigan Department of Health and Human Services; Evelyn Burton, Schizophrenia and Related Disorders Alliance of America; Irnande Altema, Mental Health Association of Maryland; Josh Howe; Compass Government Relations on behalf of NAMI; Christian Harris, Baltimore County Office of Public Defender; Daniel Atzmon, GOCPP; Dr. Aliya Jones, Maryland Department of Health Behavioral Health Administration; Kate Gorman, Justice and Mental

¹ Grading the States: An Analysis of U.S. Psychiatric Treatment Laws. The Advocacy Treatment Center, 2020.

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Health Collaboration; Kate Fairenhold, National Alliance on Mental Illness; Hannah Garagoila, Kim Link, Maryland Department of Health Liaison to Boards and Commissions; Lisa Hovermale, MD; Marianne Gibson, Maryland Department of Health; Marianne Bland Maryland Department of Health Behavioral Health Administration; Kevin Nock, Office of Public Defender, Baltimore.



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PROGRESS UPDATE: 2019 RECOMMENDATIONS

In 2019 the Commission provided eight recommendations. A summary of the progress on those recommendations is below.

Recommendation One: Design a Comprehensive Crisis System

The Crisis Subcommittee has identified additional to-do items: the Maryland Department of Health is reviewing and working on these goals. In its 2019 interim and final reports, the Commission recommended updating Maryland's "designated emergency facility" definition to broaden beyond general hospitals the types of facilities that can accept individuals subject to an emergency mental health evaluation (emergency petition). Subsequently, legislation passed in 2020 (SB 441/HB 332) allowing the Department of Health to include behavioral health crisis response centers on its list of designated emergency facilities. This will help ensure that individuals experiencing a behavioral health crisis are able to access the most appropriate services in the most appropriate settings.

Further progress was delayed due to COVID-19 pandemic. However, work in progress includes, but is not limited to:

- The Behavioral Health Administration is convening an advisory group of internal and external stakeholders to inform the development of the Crisis System Advisory Council. This council will consider evidence-based models and determine key service delivery components that work best for Maryland, such as, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Plan Crisis Now.
- Continuing to identify key service delivery components that work best for Maryland. Participate in BHA's Maryland Crisis Model Advisory workgroup to provide input into the crisis services system design.
- Monitor the implementation of the three Health Services Cost Review Commission (HSCRC) Regional Catalyst Grant Partnerships (Greater Baltimore Regional Integrated Crisis System (GBRICS), Totally Linking Care, and Peninsula Regional) to identify successes, challenges and opportunities for scalability of effective elements of the Crisis Now model.

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- Integrating local hotlines into the Maryland Helpline: 211, press 1 system to improve caller experience.
- Assessing the current Maryland Helpline: 211, press 1 technology infrastructure.
- Continuation of the MD Mind Health texting program.
- Promoting the texting feature for Maryland Helpline :898-211.
- The Maryland Medicaid Administration received funding to develop a pilot program to expand crisis services available through Outpatient Mental Health Clinics (OMHCs).

Recommendation Two: Continue coordination with the Behavioral Health System of Care Workgroup

Despite delays due to COVID-19, the System of Care workgroup has been working through 2020 on various technical implementation issues. The workgroup continues coordination with the Behavioral Health System of Care Workgroup. The State is evaluating how it should provide, administer, and finance behavioral health in conjunction with the Total Cost of Care Model that increases the coordination and quality of somatic and behavioral health care for Medicaid enrollees. This new model will be cost efficient and promote access to care. A well-functioning behavioral health system should include five key components: (1) Quality Integrated Care Management; (2) Oversight and Accountability; (3) Cost Management; (4) Access to Behavioral Health Services through Provider Administration and Network Adequacy; and (5) Parity. The Commission will continue to work with the relevant stakeholders and MDH system of care workgroup/ community discussion groups to proceed with developing a framework to propose, organize, and discuss categories of improvements and specific ideas to operationalize these design principles. During the summer of 2020, the Commission finalized specific actions that can be either implemented immediately through existing authority or over a two-year period after the 2021 legislative session.

The System of Care Workgroup continued to meet in the winter of 2020 but was put on hold as staff resources were devoted to the pandemic. Workgroup discussions are beginning to pick back up again and are anticipated to continue into 2021. Although Workgroup meetings were placed on hold, progress was made in the following areas:

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- One of the draft improvement categories of the System of Care Workgroup was improving access to crisis services. The Maryland Department of Health was recently awarded a grant from the Opioid Operational Command Center to provide assistance to select outpatient mental health center providers to become comprehensive crisis stabilization centers. This will be a multi-year initiative, and project kick-off activities are underway.
- Adult access to psychiatric treatment services within institutions of mental diseases (IMDs) was another area of discussion within the System of Care Workgroup. The Centers for Medicare & Medicaid Services (CMS) has historically prohibited Medicaid coverage of these services. The Department submitted an exclusion waiver application in 2015 to CMS for both substance use disorder and psychiatric providers. CMS denied the psychiatric IMD exclusion waiver request but approved the substance use disorder residential request. With CMS approval, the Department expanded this waiver in 2018 to cover adults with a primary diagnosis of substance use disorder and a secondary diagnosis of a mental health condition in a psychiatric IMD. CMS has recently changed policy regarding psychiatric IMD waivers. Given this change, the MDH intends to submit another psychiatric IMD waiver request as part of the waiver renewal process during the summer of 2021. If approved by CMS, the waiver would fill a gap in Medicaid coverage of these services and would be effective in January of 2022.
- In response to System of Care Workgroup discussions, the Department is working on developing administrative service organization and local systems management provider manuals.

Recommendation Three: Increase funding for the Second Chance Act Grant

Current federal funding for Second Chance Act grants is \$90 million across all states. Lt. Governor Rutherford sent a letter to the leadership of the United States House and Senate Appropriations committees requesting \$100 million in Second Chance Act funding. Maryland Senators Ben Cardin and Chris Van Hollen and Congressman David Trone sent responses indicating that the House and Senate Appropriations' bills included a \$10 million increase for Second Chance Act Funding. The Lt. Governor's letter and congressional responses are appended to this report (Appendix A)

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Recommendation Four: Improve the Crisis Hotline

The General Assembly passed HB669/SB 584 (2020) which modified provisions of the Health and Human Services Referral System. The Maryland Department of Health is in the process of integrating the additional objectives into its workflow and assessing the next steps on this issue with its Department of Human Services partners and in light of the federal “988” national suicide hotline announcement in 2020.

The state is currently working on Including local hotlines in the 211 Press 1 crisis hotline system, and promoted “MD Mind Health,” which is a new text program where individuals can opt-in to receive caring messages to promote social connectedness and mental wellness. This is targeted at the general public during the COVID-19 pandemic.

Recommendation Five: Promote Standardized Training in Behavioral Health

The Behavioral Health Administration is funding the Mental Health Association of Maryland for three years to provide Mental Health First Aid (MHFA) training for hundreds of public safety professionals. MHFA is a skills-based training course to educate individuals about mental health and substance use issues. BHA has worked with providers in 2020 through 184 provider educational/training meetings, 47 instructor-led webEx training sessions attended by over 2,600 provider staff, and monthly provider council meetings to discuss and promote standardized training in behavioral health.

Some examples of standardized training include:

- Developed Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD) and Substance Abuse Disorder (SUD) Training four hour course for behavioral health practitioners
- Developed Trauma Informed Care (TIC) Best Practices Training for behavioral health practitioners
- Ethics and Boundaries training for Residential Rehabilitation Programs, Residential Substance Use Treatment Programs, Psychiatric Rehabilitation Programs (PRP), Recovery Residences scheduled on November 16 and November 17, 2020.
- Core Competency Training for PRP held in June 2020.
- Fire and Safety Training for RRP Residential Specialist on October 20, 2020.

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In total, the Maryland Suicide Prevention Program has provided 29 trainings and 2 conferences in 2020 thus far, reaching a total of 2190 attendees with our events. In early 2020, prior to the COVID-19 crisis, we provided 11 in-person trainings for 282 clinicians (social workers, counselors, and psychologists). Training topics included art-based therapy techniques for suicidal clients and effective postvention strategies for clients who have lost someone to suicide. In-depth training in recognizing and responding to suicide risk was provided to 126 clinicians on the Eastern Shore, in Montgomery County, and in the Baltimore area. Since our program converted to full-time telework due to the COVID-19 crisis, we have provided a wide variety of accessible virtual training opportunities. Since March 15, 2020, we have provided 18 virtual trainings to a total of 1103 attendees. We have provided 6 Question, Persuade, and Refer (QPR) suicide gatekeeper trainings to a total of 79 attendees; four of these sessions were offered in partnership with the Department of Labor, reaching agents who work with individuals experiencing unemployment. In addition, we trained 19 primary care physicians to recognize and respond to suicide risk. Our monthly one-hour Lunch and Learn series, which focuses on a wide variety of suicide prevention topics, had 77 attendees. Our new monthly one-hour Race and Mental Health series, which focuses on how race and mental health intersect, was launched in late October and has already attracted 394 attendees. We have also virtually coordinated two successful full-day conferences: the 1st Annual Racism and Mental Health Symposium (481 attendees) and the 32nd Annual Suicide Prevention Conference (324 attendees).

Recommendation Six: Ensure proper warnings regarding cannabis use

Draft cannabis edibles regulations (COMAR 10.62.01-.37) published in the Maryland Register on October 23, 2020 with a comment period ending on November 23, 2020. These regulations include labeling/warnings ([example here](#)) and Appendix B.

Recommendation Seven: Standardize Mental and Behavioral Health Programming in Schools

Maryland State Department of Education (MSDE), and local school systems use a Multi-Tiered System of Social-Emotional System of Support. There are three tiers with Tier I instruction and services for all students; Tier II - a higher level of services needed for small groups of students, and Tier III for students who need more individualized services.

MSDE provided training on Restorative Practices (partnership with the University of Maryland School of Law); Positive Behavioral Interventions and Supports (PBIS); and Trauma-Informed Approaches.

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Some Trauma-Informed Approaches that are included are Youth Mental Health First Aid, Adverse Childhood Experiences (ACEs), School Counseling Interventions, and Mental Health and Well-Being,

The Mental Health First Aid training is a trainer of trainers model resulting in the outreach of assistance to thousands of students across the State.

All Local School Systems have planned systematic classroom-based Social Emotional Learning (SEL), Restorative Approaches, PBIS, and additional programs.

A number of school systems also have Second Step (Elementary and Middle), Social and Emotional Foundation for Early Learning (SEFEL - targeting early education), Conscious Discipline, and a number of additional SEL programs. SEL is embedded in the Health, Physical Education, and Fine Arts curricula.

Recommendation Eight: Improve Access to Information and Services

BHA took a series of actions to improve access to information and services. It promoted the 211 hotline <https://pressone.211md.org/> and FDA's Remove the Risk toolkit, which provides information on how to properly dispose of medications.

BHA held a webinar on how to administer naloxone, where to obtain it, and how to upload the Naloxone Electronic Toolkit on November 9 for members of Maryland's business community.

BHA created two interactive service locator maps—Crisis Treatment Locator and Telebehavioral Health Provider Locator Map—to assist individuals in locating and accessing information about certain behavioral health services.

BHA partnered with the Maryland Institute for Emergency Medical Services Systems (MIEMSS) on the Crisis Counseling for Essential Worker Partnership.

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2020 RECOMMENDATIONS

The Commission will continue making efforts towards the 2019 Annual Report recommendations while focusing on the following recommendations for the 2020 Annual Report.

Recommendation Nine: Clear Statutory Definition of Harm to Self and Others

Through the work of the Youth and Families subcommittee and from compelling public testimony before the commission from family members of individuals in crisis it is crucial for the State to develop a clear and unambiguous standard for determining when individuals in crisis poses a danger to themselves and others in order to give caregivers and public safety officials clear standards for action to alleviate this danger. The commission recommends legislation that provides a clearer statutory definition of danger of harm to self or others. The currently widely used standard of “immediacy” is insufficient.

Recommendation Ten: Enact Permanent Telehealth Reform

Continued expansion of the use of telehealth to reduce barriers to service delivery, especially in communities without information technology resources and regions that lack suitable broadband infrastructure, is crucial. In particular expansion of telehealth to memorialize the authorization of audio only telehealth services. Maryland should permit mental healthcare practitioners licensed in any of the other states and the District of Columbia to provide telehealth services across state lines, providing they follow state laws and regulations pertaining to mental health professionals. Idaho has [introduced model legislation](#) to authorize such a regime.

Recommendation Eleven: Continued Exploration of Assisted Outpatient Treatment (AOT) for Individuals in the Correctional System

The Maryland Department of Public Safety and Correctional Services (DPSCS) has a significant portion of its inmate population suffering from severe mental health disorders. Releasing these individuals into society with no plan of care will most likely result in reincarceration. The commission recommends continued exploration of AOT for individuals involved in the criminal justice system to reduce the potential for recidivism and reincarceration.

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Recommendation Twelve: Expand Forensic Assertive Community Treatment (FACT) Teams

Identify an empirically-supported fidelity tool to assess the effective implementation of FACT teams, as well as assessing the need for FACT teams statewide and expansion the use of FACT teams in defined geographic areas.

Recommendation Thirteen: Extended Services for ACT Teams and Expand Geographical Areas of Need:

Explore the types of expanded services Assertive Community Treatment (ACT) teams can take on and determine what type of incentives should be provided. Expand geographic areas in need of ACT teams defined by an empirically-based formula for estimating needed ACT capacity and a population size sufficient to sustain a fully-functioning ACT team.

Recommendation Fourteen: Obtain IMD Exclusion Waiver

Proceed with a psychiatric IMD exclusion waiver request as part of the Department's substance use disorder IMD exclusion waiver renewal application.

Recommendation Fifteen: Explore Provider Reimbursement Rates as Non-Quantitative Treatment Limitations (NQTL)

Conduct further study of provider reimbursement rates as an NQTL to evaluate whether rates are determined in a comparable manner for medical providers and behavioral health providers. Work with stakeholders to develop standards for the carrier NQTL reporting requirements that will ensure meaningful information is collected in an efficient manner that minimizes the administrative costs and burdens associated with the reports. Engage employer groups in the commercial self-funded market to determine what steps they have taken to increase access to behavioral health services and to identify strategies to collaborate on increasing access in the self-funded market.

Recommendation Sixteen: Formalize a Statewide Planning Body to address the needs of justice involved persons with behavioral health disorders.

Formalize the work of the commission to ensure long term planning, implementation and funding to address issues raised in the SIM Summit. Generally state strategies for Criminal Justice/Behavioral Health collaboration include Executive Orders, enabling legislation or Administrative Orders from the State Chief Judge. Examples can be found in the following states: [Michigan](#), [Ohio](#), [Texas](#) and [Virginia](#).

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Recommendation Seventeen: Develop a Mental Health–Criminal Justice Center of Excellence

Centers of Excellence centralize criminal justice/mental health resources, events, and initiatives to disseminate information, track diversion activity, publish outcome metrics, aid in planning, provide resources, technical assistance and training. These centers also coordinate statewide Sequential Intercept Model Mapping Workshops to summarize results and priorities that inform cross agency planning and program development. Examples of Centers of Excellence exist in: [Ohio](#), [Illinois](#), [Florida](#) and [Virginia](#).

Recommendation Eighteen: Broaden and Formalize County–level Criminal Justice/Behavioral Health Planning Committees.

Early review of the discussion from the SIM intercept groups suggests that county level criminal justice/behavioral health planning is uneven across the state. Several counties are involved in Stepping Up Initiatives, while others may have Police Crisis Intervention Team Advisory Boards, or Treatment Court Advisory Boards or have cross county committees as the result of local Sequential Intercept Mapping. The State should help strengthen cross–county partnerships and learning. In addition, the state should work with Substance Abuse and Mental Health Administration (SAMHSA) to deliver the Train–the–Trainers course for SIM mapping. This will be completed in the first half of 2021, with the goal of training 50 individuals from across the state as facilitators.



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CONCLUSION

This 2020 report represents the work of the Commission over this challenging year. The COVID-19 pandemic's secondary effects on the mental and behavioral health of our fellow Marylanders has served to highlight the importance of our efforts to improve Maryland's current mental and behavioral health systems. The Commission looks forward to continuing its work throughout 2021 and 2022, including increased focus on breaking down barriers to mental and behavioral health services.



Commission to Study Mental and Behavioral Health in Maryland

2020 REPORT

APPENDIX A



STATE OF MARYLAND OFFICE OF THE LIEUTENANT GOVERNOR

BOYD K. RUTHERFORD
LT. GOVERNOR

November 10, 2020

The Honorable Richard Shelby
Chairman
Senate Committee on Appropriations
S-128, The Capitol
Washington, DC 20510

The Honorable Nita M. Lowey
Chairwoman
House Committee on Appropriations
H-307, The Capitol
Washington, DC 20515

The Honorable Patrick Leahy
Vice Chairman
Senate Committee on Appropriations
S-128, The Capitol
Washington, DC 20510

The Honorable Kay Granger
Ranking Member
House Committee on Appropriations
H-307, The Capitol
Washington, DC 20515

Dear Chairman Shelby, Vice Chairman Leahy, Chairwoman Lowey, and Ranking Member Granger:

As Lt. Governor of Maryland and Chair of our state's Commission to Study Mental & Behavioral Health, I write today to express my strong support for increasing funding for the Second Chance Act grant program to at least \$100 million. As the December 11 government funding deadline approaches, I urge you to work together on a bipartisan, bicameral basis to ensure this priority is included in the next continuing resolution or omnibus package.

Second Chance Act grants help state and local governments facilitate the reintegration of ex-prisoners back into society with the goal of improving outcomes and preventing recidivism. In Maryland, we are particularly focused on improving reentry programs for adults with co-occurring substance use and mental health disorders. A significant portion of individuals who are incarcerated and return to the community have chronic disorders and are in need of treatment in order to successfully complete their supervision and reintegrate into their communities. With increased investment in Second Chance Act reentry programs, we can help this vulnerable population break the cycle of recidivism and in turn promote public safety. Expanded federal funding would allow us to support a broader range of services, including employment assistance, substance abuse and mental health treatment, housing, family-center programming, and mentoring.

STATE HOUSE, ANNAPOLIS, MARYLAND 21401
(410) 974-3901 1-800-811-8336
TTY USERS CALL VIA MD RELAY

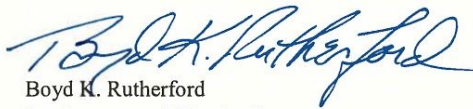
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Funding for the Second Chance Act Program

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Thank you for your consideration of this funding request as you negotiate the next government funding package. We look forward to building on the momentum of the Second Chance Act and collaborating at the federal, state, and local level to best support the reentry of individuals living with mental health disorders.

Sincerely,



Boyd K. Rutherford
Lt. Governor of Maryland

CC: Governor Larry Hogan
Maryland Congressional Delegation

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December 9, 2020

The Honorable Boyd N. Rutherford
Lieutenant Governor of Maryland
100 State Circle
Annapolis, MD 21401

Dear Lieutenant Governor Rutherford,

We write regarding your recent letter requesting at least \$100 million in Second Chance Act funding in Fiscal Year 2021.

Second Chance Act grants have been critical to the successful reintegration of former prisoners back into our communities. Maryland has used these funds to provide targeted services to adults with co-occurring substance use and mental health conditions. More funding is needed to improve and expand programs for this vulnerable population to ensure they have the tools they need to reintegrate successfully. Additionally, more funding for the Second Chance Act is needed to help ensure that prisoners who received early release through Governor Hogan's Executive Order to help stop the spread of the coronavirus have access to the tools and services they need to successfully reintegrate into their community and contribute to our state.

We have consistently supported funding for the Second Chance Act and we urged the Senate Appropriations Committee to continue funding the program. We were pleased that they accepted our recommendation in the recently released Senate Appropriations Bill for FY21 and the House Appropriations Bill. Both bills included \$100 million in funding for the Second Chance Act, a \$10 million increase compared to FY20. We will continue to work diligently to ensure that the final act includes this vital funding increase.

We look forward to partnering with you in the future to ensure that our state has access to the resources it needs to break the recidivism cycle and provide services for returning citizens with substance abuse and mental health disorders.

Sincerely,

A handwritten signature in blue ink, reading "Chris Van Hollen".

Chris Van Hollen
United States Senator

A handwritten signature in blue ink, reading "Benjamin L. Cardin".

Benjamin L. Cardin
United States Senator

2020 REPORT

DAVID TRONE
6TH DISTRICT, MARYLAND
EDUCATION AND LABOR
COMMITTEE
FOREIGN AFFAIRS
COMMITTEE
JOINT ECONOMIC
COMMITTEE



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December 14, 2020

The Honorable Boyd N. Rutherford
Lieutenant Governor of Maryland
100 State Circle
Annapolis, MD 21401

Dear Lieutenant Governor Rutherford,

I write in reply to your letter requesting at least \$100 million in Second Chance Act funding in Fiscal Year (FY) 2021. These funds have always been critical, but this year they are needed even more as Maryland implements Governor Hogan's Executive Order and a Federal Department of Justice (DOJ) order to help stem COVID-19 in correctional facilities through early release of qualified individuals. Reentry is challenging during the best of times, and this critical process for justice-impacted individuals demands our utmost support during the pandemic.

Maryland has seen great achievements with Second Chance Programs to improve outcomes for individuals returning to their communities from prisons and jails, providing critical services — including employment training and assistance, education, housing, family programs, and substance use disorder treatment.

Research suggests that, without support, more than two-thirds of formerly incarcerated individuals will fall back into a cycle of recidivism within three years of their release. However, with the supportive services provided by Second Chance Act funding, they can rebuild their lives and contribute by making the communities they return to stronger and safer.

Second Chance Act funding has been a top priority of mine since I came to Congress. This year, I again asked the House Appropriations Committee to expand funding for the Second Chance Act. They accepted this recommendation and the House-passed FY21 appropriations bill provides \$100 million in funding for these programs, a \$10 million increase over FY20. I am glad to see the Senate's proposal contains a similar provision, and I am actively engaging with colleagues in both chambers of Congress to see this funding retained in any final appropriations package.

I look forward to partnering with you to ensure that our state has the resources necessary to provide reentry services to improve outcomes and provide true second chances for justice-impacted individuals.

Sincerely,

A handwritten signature in blue ink, appearing to read "David Trone".

David Trone
Member of Congress

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APPENDIX B

